



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

**Pharmacy Council**

Exchequer Receipt

**Stakabadhi ya Malipo ya Serikali**

Receipt No : 924015226563303

Received from : HOPPERS HEALTH CONSULT  
LIMITED

Amount : 200,000.00

Amount in Words : Two Hundred Thousand TZS And Zero Cent(s) Only

Outstanding Balance : 0.00

In respect of	Item Description(s)	Item Amount
: 142202540104 - Application for change of name/ ownership - CHANGE NAME& OWNERSHIP	200,000.00	

**Total Billed Amount : 200,000.00 (TZS)**

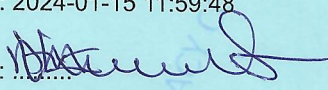
Bill Reference : 16214010244933707045

Payment Control Number : 991620234413

Payment Date : 2024-01-15 10:29:01

Issued by : Zena Mango

Date Issued : 2024-01-15 11:59:48

Signature : 

991620234413

Atipie

2,00,000/-

10/01/2024

PCF.14

HSE:

## PHARMACY COUNCIL



**APPLICATION FOR ALTERATION**  
(Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,  
Pharmacy Council,  
P.O. Box 1277,  
Dodoma.

**APPLICATION FOR CHANGE OF:**

1. PREMISES LOCATION ☐
2. BUSINESS NAME ☒
3. BUSINESS OWNERSHIP ☒

**SECTION A: APPLICANT CURRENT INFORMATION:**NAME OF PREMISES: HOPPER'S HEALTH CONSULT LIMITED FIN. 0100329TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐**PHYSICAL ADDRESS:**Plot No. .... Street: MNADANI TUNGTI Ward: TUNGTIDistrict/Municipal: KIGAMBOM Region: DAR-ES-SALAAMPOSTAL ADDRESS: P.O. BOX 70226 DAR- Contact. No. 0766378171E-mail: -**OWNERSHIP:**Directors (Names): 1. LUCAS PETER MAGA Qualification: MEDICAL OFFICER2. - Qualification: -3. - Qualification: -**SUPERINTENDANT INFORMATION:**Full Name: NICKSON GASPAB MLAY PIN: 0101904Residential Address: TEMKE DAR-ES-SALAAM Tel: 075383020 Email: NICKSONMLAY110@gmail.com

Contract commencement date: ..... Cessation date: .....

**SECTION B: PROPOSED CHANGES:**NAME OF THE NEW PREMISES: SIGARO MED PHARMACYTYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐**PHYSICAL ADDRESS:**Plot No. .... Street: MNADANI TUNGTI Ward: TUNGTIDistrict/Municipal: KIGAMBOM Region: DAR-ES-SALAAMPOSTAL ADDRESS: - CONTACT. No. 0754543798



**NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)**

Directors (Names):

1. IMAM JAMES ALOYCE Qualification: PHARMACEUTICAL TECHNICIAN
2. .... Qualification: .....
3. .... Qualification: .....

**SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)**

Full Name: ..... PIN: .....

Residential Address: ..... Tel: ..... Email: .....

Contract commencement date: ..... Cessation date: .....

**SECTION C: REASON(S) FOR PARTICULAR ALTERATION**

1. Cessation of business from the  
primary owner.
2. ....
3. ....

**SECTION D: APPLICANT INFORMATION**

Name of Applicant: IMAM JAMES ALOYCE

(Contact/email if different from the above)

Address: 16 GRAMBORN Tel: 0750543798 E-mail: ImamAloyce009@gmail.com

Signature of Applicant: I. Aloyce Date: 09/07/2024

**SECTION E: APPLICANT DECLARATION**

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant: I. Aloyce Date: 15/07/2024

**SECTION F: REQUIRED ATTACHMENT**

Please attach the following documents depending on your proposed changes:

1. TAX CLEARANCE CERTIFICATE
2. Copy of lease agreement or title deed
3. Memorandum of Understanding
4. Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)

**THE MINISTRY OF HEALTH AND SOCIAL WELFARE**  
**PHARMACY COUNCIL**

**AGREEMENT FOR EMPLOYMENT TO OPERATE A BUSINESS OF A**  
**PHARMACIST**

**THIS AGREEMENT** is made on this 1<sup>st</sup> day of January 2021

**BETWEEN**

IMANI JAMES ALOYCE of P.O BOX 78439, Dar es Salaam (Hereinafter referred to as the **PROPRIETOR**) the expression which includes his assignees, agents or his legal representative of his business on one part;

**AND**

**NICKSON GASPER MLAY** of P.O BOX 1 TEMEKE DAR ES SALAAM a registered pharmacist in charge who supervises a business of a pharmacy (Hereinafter referred to as the **SUPERINTENDENT**) on the other part:

**WHEREAS** the **PROPRIETOR** owns and operates a business of a pharmacy which is a regulated business under the PHARMACY ACT, CAP 2011 (hereinafter referred as the Pharmacy Act).

**WHEREAS** in compliance with **Section 43** of the Pharmacy Act, the Proprietor wishes to engage the professional services of a pharmacist to be in charge of his business as provided by the law.

**NOW THEREFORE** the **PROPRIETOR** and the **SUPERINTENDENT** agrees to run the business of a Pharmacist styled as SIGARO MED PHARMACY under the terms and conditions hereunder set:

## **1. Obligations of the Proprietor**

- i. Comply with the Laws, Regulations, Guidelines and standard prescribed by the Pharmacy Council and other relevant authorities.
- ii. Implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times.
- iii. Hire pharmaceutical personnel for providing services or dispensing personnel recognized by the Pharmacy Council.
- iv. Shall purchase and ensure availability of all necessary tools and materials for pharmacy operations and provision of good services are in place, ie. Superintendent log book, PC logo, dispensing register, ledgers etc.
- v. Follow up and implement on matters advised by a Superintendent on professional and matters related to provision of good pharmaceutical services.
- vi. Apply adequate funds necessary to rehabilitating or modifying the present premises and maintain the modern pharmacy practice.
- vii. Shall ensure pharmaceutical services are provided with due care.
- viii. Shall ensure all proper records are maintained and managed well.
- ix. Shall ensure all purchases or procurement and deliverables of pharmacy items are signed by a Superintendent.
- x. Shall report to the Pharmacy Council on poor attendance, service provided or malpractices done by the Superintendent.
- xi. Perform any other duty as the Council may determine from time to time.



## **2. Obligations of the Superintendent:**

At a salary stipulated in Clause 5 of this Agreement, the Superintendent shall, with all commitment and professional diligence, take the necessary steps to efficiently supervise the said pharmacy, dealing in pharmaceuticals and he shall have the following duties and obligations;

- i. Shall obtain from the Pharmacy Council and other appropriate authorities the requisite licenses, permits and authorization and keep the pharmacy within standards and condition as contained in any written law that regulate and control the business of a pharmacy.
- ii. Shall ensure that all certificates (business permit, premises registration, copy of certificate of the Superintendent and any other certificates from other authorities are conspicuously displayed in the premises.
- iii. Shall ensure physical supervision of the said premises at a minimum of 15 hours in 7 days of the week. Full time pharmacist is more preferable.
- iv. Shall implement and ensure that standards required for pharmacy and pharmaceutical properties are maintained in high level at all times
- v. Shall manage and undertake all technical and professional matters in the pharmacy.
- vi. Shall supervise and control all pharmaceutical personnel work in the pharmacy and ensure day to day functions of the pharmacy abide to the law.
- vii. Shall facilitate capacity building to all pharmaceutical personnel that supervises the pharmacy.
- viii. Shall provide pharmaceutical services with due care.
- ix. Shall ensure all proper records are maintained and managed in accordance to good pharmacy practice standards.

- x. Shall ensure availability of all necessary reference and other relevant materials necessary for provision of pharmaceutical services and operations are in place.
- xi. Shall ensure availability of all necessary tools for pharmacy operations are in place, ie. Superintendent logbook, PC logo, dispensing register, ledgers etc.
- xii. Shall establish a well-organized management body of the pharmacy of which he supervises.
- xiii. Must ensure whoever is on duty shall appear on a white coat and name tag on it.
- xiv. Shall ensure medicines, medical supplies and other pharmacy items are properly arranged and kept in compliance with good pharmacy practice standards.
- xv. Shall report to the Pharmacy Council on any malpractices or violations done by the Proprietor.

**3. Duration of the Agreement:**

This Agreement shall be effective for a period of twelve (12) months, commencing from the 1<sup>st</sup> day of January 2024 to the 31<sup>st</sup> day of January, 2025.

**4. Commencement of Supervision**

The superintendent shall commence management and supervision of the above named pharmacy on the 1<sup>st</sup> day of January, 2024.

**5. Remuneration:**

The Proprietor shall pay the Superintendent a monthly salary of **Tanzanian Shillings (TZS.800,000/=)** upon discharging his duties and functions as per this Agreement. And at any event, the salary shall not be paid in advance. The salary shall be net of any applicable taxes

and/or deductible employment benefits and shall be paid monthly and no later than the 1<sup>st</sup> day of the following month.

**6. Termination:**

This agreement may be terminated by mutual agreement between both parties or by any party upon issuing a written notice of three (3) months to the other party informing him of his intension to terminate this contract. The written notice shall be addressed to the other party and a copy shall be submitted to the Registrar of the Pharmacy Council for notification which shall be accompanied with reasons of termination. And the Council shall not be obligated to issue another notice of termination but a closure order as per the Pharmacy Act.

**7. Dispute resolution:**

In the event of any dispute in connection with this agreement both parties will make effort to resolve the matter amicably. If amicable settlement becomes impossible, then, the aggrieved party may seek legal remedy.

**8. Costs:**

The Proprietor shall meet the costs of drawing up this Agreement.

**9. Governing Law:**

This Agreement shall be governed by the Laws of the United Republic of Tanzania.



IN WITNESS WHEREOF the **PROPRIETOR** and the **SUPERINTENDENT** have executed this Agreement on the date and in the manner herein appearing:

**SIGNED** and **DELIVERED** by the said  
**IMANI JAMES ALOYCE** who is known to  
me personally/introduced to me by .....  
..... the latter known  
to me personally this 10<sup>th</sup> day of JAN  
2024.

I. Aloyce  
**PROPRIETOR**

**BEFORE ME**

NAME: GERASE REUBEN

DESIGNATION: ADVOCATE

SIGNATURE: R

DATE: 10<sup>th</sup> JAN. 2024



**SIGNED** and **DELIVERED** by the said  
**NICKSON GASPER MLAY** who is  
known to me personally/introduced to me  
by..... the latter known  
to me personally this 10<sup>th</sup> day of JAN  
2024.

Nickson  
**SUPERINTENDENT**

**BEFORE ME**

NAME: GERASE REUBEN

DESIGNATION: ADVOCATE

SIGNATURE: R

DATE: 10<sup>th</sup> JAN. 2024





TANZANIA

Form 5



No. 562132

## Certificate of Registration

*The Business Names (Registration) Act (Cap 213)*

I HEREBY CERTIFY THAT **SIGARO MED PHARMACY** this 8<sup>th</sup> day of **JANUARY** year **2024** has been duly registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and the Rules made thereunder, and has been entered the Number **562132** in the Index of Registration.

**GIVEN** under my hand at Dar es Salaam this 8<sup>th</sup> day of **JANUARY**  
**TWO THOUSAND AND TWENTY FOUR.**



*Deputy Registrar Business Names*

NOTE – This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.



# PHARMACY COUNCIL



## PREMISES REGISTRATION CERTIFICATE

Made under Section 34 (1) of the Pharmacy Act Cap.311

FIN: 0100329

This is to certify that the premises owned by M/S Hopper Pharmacy of P.O. Box 70226, Dar es Salaam located at Tungi, Kigamboni Municipality/District in Dar es Salaam Region has been registered for Retail Only to sell pharmaceutical and related products with Facility Identification Number (FIN) 0100329

Issued in: July 2018

19-09-2018

DATE:

SIGNATURE OF REGISTRAR  
AND STAMP

### CONDITIONS

1. The premises and the manner in which the business is conducted must conform to the category of pharmacist business registered
2. This certificate does not authorize the holder to sell or supply medicines, medical devices and diagnostics illegally to unlicensed premises
3. Any changes such as ownership, superintendent pharmacist, business name, physical address and location of the registered premises shall be approved by the Pharmacy Council
4. This certificate is non transferable to other premises or to any other person
5. Both certificate and business permit shall be displayed conspicuously in the registered premises





## **MKATABA WA MAUZIANO**

MKATABA HUU UMEFANYIKA leo siku ya tarehe.....ya Mwezi wa Desemba Mwaka 2023.

### **BAINA YA**

**HOPPERS HEALTH CONSULT LTD** kampani binafsi iliyosajiliwa chini ya sheria za Tanzania yenye anuani ya S.L.P 78439 Dar es Salaam ambayo ndani ya mkataba huu atajulikana kama MUUZAJI neno ambalo litajulisha wakala wake na yeyote aliyepewa mamlaka naye kwa upande mmoja.

### **NA**

Ndugu **IMANI JAMES ALOYCE** mtu binafsi mkazi wa wilaya ya Kigamboni, Dar es Salaam wa Kigamboni mmiliki wa namba ya simu 0754543798 ambaye ndani ya mkataba anatajwa kama **MNUNUZI** neno ambalo litajumuisha warithi, wakala na mtu yeyote aliyepewa mamlaka naye kwa upande mwingine.

Kwamba Muuzaji ni mmiliki wa duka la dawa (pharmacy) iliyopo mtaa wa Tungi, Kigamboni duka ambalo limetengezwa mahsusi kwa mauzo ya dawa za binadamu na kwamba Muuzaji ameamua kwa hiari yake mwenyewe kuuza thamani zake za uwezekezaji ndani ya ofisi hiyo ya madawa ikiwa ni shelves zote ndani ya ofisi, mfumo wa maji, milango ya aluminium, paving blocks- packing area, fridge na air conditioner btu18.

Na kwamba Mnunuzi na Muuzaji kwa hiari yao na baada ya kuridhika na thamani za ofisi husika wamekubali kuingia katika makubaliano haya ya ununuzi.

### **HIVYO BASI MKATABA HUU UNASHUHODIA YA KWAMBA;**

- a) Kwamba pande zote zimekubaliana kuuziana thamani zote za ofisi kwa gharama ya shilingi za kitanzania milioni thelathini na moja laki mbili themani elfu mia moja sitini na sita tu (31,280,166/=) kama malipo ya thamani ya mali zote za uwekezaji ndani ya ofisi pamoja na madawa.

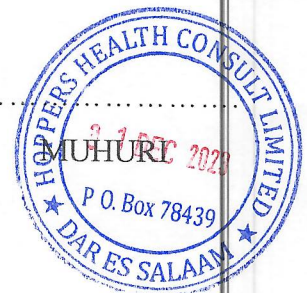
- b) Kwamba kwa tarehe ya kusainiwa mkataba huu Muuzaji anakiri kupokea awamu ya kwanza ya shilingi milioni ishirini tu (Tshs 20,000,000) kama malipo ya awali.
- c) Kwamba awamu ya pili ya malipo yatafanyika kwa malipo ya kiasi cha shilingi za kitanzania million kumi na moja lala mbili themanini elfu mia moja sitini na sita (Tshs 11,280,166) ndani ya siku sitini (60) kuanzia tarehe 1 December 2023. Na malipo haya yatafanyika kwa mauzo ya bidhaa zilizoachwa na Muuzaji.
- d) Kwamba malipo haya yote yatafanyika kupitia akaunti ya benki ya muuzaji, akaunti namba 011202009286, benki ya NBC Bank Ltd, yenye jina la Muuzaji, Rhobi Josephat Mwita.
- e) Kwamba endapo Mnunuzi atashinwa kulipa kiasi kilichobaki katika kipindi kilichokubaliwa, Muuzaji atakuwa na haki ya kuchukua mali (dawa au bidhaa za afya) zilizo ndani ya pharmacy ili kufidia deni litakalobaki kwa muda uliotajwa.
- f) Kwamba kufikia tarehe 31 Desemba 2023 Muuzaji ataondoa vibali na vitendea kazi vyote vilivyo ndani ya duka zenye jina la Muuzaji na Mnunuzi atalazimika kupata vibali vyake binafsi kuendesha biashara yake.
- g) Kwamba mkataba huu umeingiwa kwa makubaliano ya pande zote mbili na utatafsiriwa kwa sheria za nchi ya Tanzania na mgogoro wowote utakaotokea utatatuliwa kwa njia ya suluhu mbele ya wakili aliyeshuhudia mkataba huu, na endapo kuna upande hauatridhika na maamuzi utawasilisha shauri lake katika mahakama yenye mamlaka nchini Tanzania

NA INASHUHUDIWA Kwamba wahusika katika mkataba huu wameingia mkataba huu siku hii, kama inavyo onekana hapa chini:

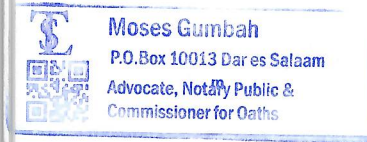
UMETIWA MUHURI wa HOPPERS HEALTH CONSULT LTD }  
hapa Dar es Salaam Leo tarehe ...31...mwezi Desemba 2023.

**MBELE YETU**

Sahihi: .....



Jina Lucas Peter Maysa  
Cheo Director  
Sahihi: [Signature]  
Jina Moses Gumbah  
Cheo Advocate

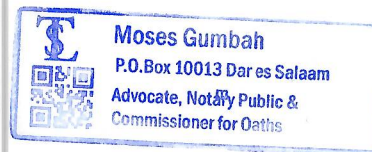


IMESAINIWA na IMANI JAMES ALOYCE hapa Dar es Salaam  
ambaye ninamfahamu binafsi na mbele yanga tarehe ... 31.....Mwezi } Mnunuzi  
wa Desemba Mwaka 2023.

[Signature]

**MBELE YANGU**

Sahihi: [Signature]  
Jina Moses Gumbah  
Cheo Advocate



**Imeandaliwa na;**

Moses Gumbah, Wakili  
Gumbah & Co. Advocates  
Munanka House/St Hellen School  
Kimara Baruti  
P.O Box 10013  
Dar es Salaam  
Simu: 0688 482 284/0620 621 604



Control No:

9984114300510



# TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

## Tax Payment Slip

Name of Account Holder(s): N/A  
 Bank Account Number: N/A  
 Name of Commercial Bank: N/A  
 Mobile Phone: 0754543798

Please transfer from my/our account the amount of TZS 13,000.00  
 Amount in Words: Thirteen Thousand Only

Value Date: 22/12/2023  
 To: N/A

Tanzania Revenue Authority

Account Number: N/A  
 SWIFT Code: N/A

Control Number: 9984114300510  
 Taxpayer TIN: 133430377  
 Taxpayer Name: IMANI JAMES ALOYCE

### TAX INFORMATION FOR WHICH PAYMENT IS APPLICABLE (For TRA use only)

#	Tax Description	Item Reference	GFS Code	Tax Amount(TZS)
1	Withholding Tax - Rental (Land and Building) Individual Non Resident	686036455	11112117	8,000.00
2	Stamp Duty Other than Sales of Revenue Stamp	686036362	11610127	5,000.00

Signature ..... Date...../...../20....  
 Signature..... Date...../...../20....

Bank use only  
 Reference number

### Note to Commercial Bank:

1. Please capture the above information correctly
2. Field 70 of MT103 carries a payment control number, must be captured correctly.